

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personnel / patients / colleagues?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice about yourself? • How will you use this experience to further improve your practice in the future?

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Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description</p> <p>Today I had the opportunity to draw blood from a PICC line with my nurses assistance and guidance, as well as 2 other classmates that wanted to observe were in the room along with the RN when she was explaining how to do a blood draw from a pick line. She told me that I should flush with 5mL of normal saline first and then pull back five mL of blood for my waste, attach another syringe and pull back 3mL of blood, and then flush with 5-9mL after the draw was complete.</p>	<p>Step 4 Analysis</p> <p>In module 2 when we learned about Central Venous Access Devices we briefly covered how to aseptically administer medications and preform a blood draw from central lines and PICC lines. In that lecture we talked about the length difference of PICC lines and central lines, with PICC lines having a longer catheter which needed to be thoroughly flushed with 19mL to ensure that all blood/medication was out of the catheter to minimize the risk of clot formation and to preserve the latency of the line.</p>
<p>Step 2 Feelings</p> <p>When she first asked me if I wanted to do the blood draw I was nervous because I had never drawn blood from a central line or PICC and I remembered the huge risk on infection because the line ends in the heart. I did feel a little uncomfortable when she told me to flush the line with just 5mL in the beginning because it didn't seem prudent enough, and just flushing 5-9mL after the draw seemed like it would put the patient at risk for a blood embolus in the line.</p>	<p>Step 5 Conclusion</p> <p>I feel like in this particular situation I did the best possible thing and voiced my opinion on how I was taught and how I could still participate in this learning experience without compromising myself or feeling uncomfortable. This situation taught me that even though I may be scared to voice my opinion as a student because it may be the difference between a blood blot or no blood clot.</p>
<p>Step 3 Evaluation</p> <p>Once we got into the patients room I told the nurse that we learned in class to flush with 9-10mL before we drawback our waste and after the blood draw to flush with 19mL to completely flush the line back out. I asked the nurse if it was okay if I did that because that was the best practice we learned and that was what I was most comfortable doing. I feel like I did a good job of sticking to the terms that we learned in lecture and held my ground, while at the same time being respectful to the nurse and how she chooses to practice under her license.</p>	<p>Step 6 Action Plan</p> <p>The nurse I was with had 4 patients that needed to be checked on, and tended too around the clock so I feel like it was easy for her to justify cutting down time in her head because she knew she had other things she could be doing other than administering a full 19mL instead of just 9mL. When your time is stretched thin like nurses are often times I feel like it could be easy to cut corners but I believe protocols and rules are the way they are for a reason and to me It is worth it to take the extra few minutes to complete the full task properly.</p>

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